



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

# Hantavirus Pulmonary Syndrome

County \_\_\_\_\_

**LHJ Use ID** \_\_\_\_\_  
☐ Reported to DOH      Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification**      ☐ Confirmed  
   ☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use ID** \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reporter (check all that apply)  
☐ Lab ☐ Hospital ☐ HCP  
☐ Public health agency ☐ Other  
OK to talk to case? ☐ Yes ☐ No ☐ Don't know  
Reporter name \_\_\_\_\_  
Reporter phone \_\_\_\_\_  
Primary HCP name \_\_\_\_\_  
Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_  
Address \_\_\_\_\_ ☐ Homeless  
City/State/Zip \_\_\_\_\_  
Phone(s)/Email \_\_\_\_\_  
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other      Name: \_\_\_\_\_  
   Phone: \_\_\_\_\_  
Occupation/grade \_\_\_\_\_  
Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_  
Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Gender ☐ F ☐ M ☐ Other ☐ Unk  
Ethnicity ☐ Hispanic or Latino  
                 ☐ Not Hispanic or Latino  
Race (check all that apply)  
☐ Amer Ind/AK Native ☐ Asian  
☐ Native HI/other PI ☐ Black/Afr Amer  
☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived      Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

**Y N DK NA**  
☐ ☐ ☐ ☐ **Fever** Highest measured temp: \_\_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk  
☐ ☐ ☐ ☐ **Breathing difficulty or shortness of breath**  
☐ ☐ ☐ ☐ Muscle aches or pain (myalgia)

### Clinical Findings

**Y N DK NA**  
☐ ☐ ☐ ☐ **Required supplemental oxygen**  
☐ ☐ ☐ ☐ **Respiratory compromise developing within 72 hours of hospitalization**  
☐ ☐ ☐ ☐ **Bilateral interstitial pulmonary infiltrates on x-ray**  
☐ ☐ ☐ ☐ **Autopsy compatible with non-cardiogenic pulmonary edema**  
☐ ☐ ☐ ☐ Mechanical ventilation or intubation required during hospitalization  
☐ ☐ ☐ ☐ Adult Respiratory Distress Syndrome (ARDS)  
☐ ☐ ☐ ☐ Gastrointestinal symptoms  
☐ ☐ ☐ ☐ Hypotension

### Hospitalization

**Y N DK NA**  
☐ ☐ ☐ ☐ Hospitalized for this illness  
Hospital name \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Y N DK NA**  
☐ ☐ ☐ ☐ Died from illness      Death date \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ ☐ ☐ ☐ Autopsy

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Y N DK NA**  
☐ ☐ ☐ ☐ **Hantavirus PCR positive**  
☐ ☐ ☐ ☐ **Hantavirus antigen positive by immunohistochemistry**  
☐ ☐ ☐ ☐ **Hantavirus IgG rising titers (serum pair > 2 wks apart)**  
☐ ☐ ☐ ☐ **Hantavirus IgM positive**  
☐ ☐ ☐ ☐ **Confirmed at state or federal public health laboratory**  
☐ ☐ ☐ ☐ Coagulopathy (platelets < 100,000)

## NOTES

**INFECTION TIMELINE**

**Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period**

Days from onset:

**Exposure period**

-45

-7

o  
n  
s  
e  
t

Calendar dates:

**EXPOSURE (Refer to dates above)**

**Y N DK NA**

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Wild rodent or wild rodent excreta exposure  
Where rodent exposure probably occurred:

☐ ☐ ☐ ☐ Cleaned wild rodent nests or excreta

☐ ☐ ☐ ☐ Slept in cabin or outside

☐ ☐ ☐ ☐ Inhalation of dust from soil, grain, or hay

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS/TREATMENT**

**Y N DK NA**

☐ ☐ ☐ ☐ Antiviral treatment given

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

☐ Education on rodent control

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_